



Pest Control Questionnaire

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

GENERAL INFORMATION

1. License class _____ License number _____
2. Annual gross sales _____ Annual payroll _____
3. Does the applicant subcontract work to others? Yes No
 - a. If yes, describe the type of work. _____
 - b. What is the annual cost of subcontractors? _____
 - c. What limits of CGL insurance do you require of sub-contractors? _____
 - d. What limits of Workers' Comp insurance do you require of sub-contractors? _____
 - e. Do you obtain certificates of insurance? Yes No
 - f. Do you require them to name you as an additional insured on their policy? Yes No
4. What training is provided for new employees? _____

OPERATIONS

1. Do you, or subcontractors acting on your behalf, do any of the following? Yes No
 - Fumigating/tenting
 - Radon analysis or remediation
 - Use of gas
 - Heat treatments or thermal radiation for/of bedbugs
 - Bird control or extermination at airports
 - Crop spraying
 - Mold inspection and/or remediation
 - Selling pesticides/herbicides under your label
 - Use Dursban or other types of Chlorpyrifos in operations
2. Enter the % of total gross annual sales.

Operations	% done by you/your employees	% subcontracted
Termite inspections without treatment <small>*Do not include inspection reports done to confirm effectiveness of treatments done by or on behalf of you</small>	_____ %	_____ %
Termite treatment	_____ %	_____ %
Exterminating	_____ %	_____ %
Large animal (bears, alligators, etc.) removal/control	_____ %	_____ %
Rodent/small animal removal	_____ %	_____ %
Other:	_____ %	_____ %

3. Provide the percentage of work by clientele:
 Residential: _____ % Commercial: _____ % Industrial: _____ %
 Describe types of commercial and industrial clients, if any.

4. Do you use foam pesticides? Yes No
 a. What types of pesticide applicator units do you use?
 Can Hand pumps Compressed Air
 b. What precautions are taken to prevent foam from seeping into unintended areas?

5. Do you use and EPA "restricted use" pesticides? Yes No
 If yes, answer sub-questions and attach a list of "restricted use" chemicals used.
 a. What is your EPA license number? _____
 b. When and where are they used? _____
 c. Why is it necessary for you to use EPA "restricted use" pesticides?

6. Are chemicals stored in NFPA approved container? Detail chemical storage. Yes No

a. Are storage areas locked with warning signs posted? Yes No
 b. Are flammable pesticides stored in a fire resistive cabinet or shed? Yes No

ADDITIONAL COVERAGES

Transportation Pollution Coverage		Wood Destroying Organism Inspection Coverage	
Select Limits	Premium	Select Limits	Premium
<input type="checkbox"/> \$5,000/\$5,000	Included	<input type="checkbox"/> \$50,000/\$100,000*	Included
<input type="checkbox"/> \$25,000/\$25,000	\$75	<input type="checkbox"/> \$100,000/\$300,000	\$350
Damage to Property of Others		*State Exceptions to included limits	
Select Limits	Premium	<input type="checkbox"/> \$250,000/\$500,000	FL and GA
<input type="checkbox"/> \$5,000/\$5,000	Included	<input type="checkbox"/> \$300,000/\$300,000	IN
<input type="checkbox"/> \$10,000/\$25,000	\$75		
<input type="checkbox"/> \$25,000/\$25,000	\$100		
<input type="checkbox"/> \$50,000/\$50,000	\$175		
<input type="checkbox"/> \$100,000/\$100,000	\$225		
<input type="checkbox"/> \$250,000/\$250,000	\$500		

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Date _____